PTA Request for Reimbursement Form

Requestor’s Name: ___________________________________________ Date: ________________
Phone # or Email: ________________________________________________
Committee/Event: ________________________________________________
Check Payable To: ________________________________________________

Indicate where check should be sent to (check one):
☐ Put in my box at school ☐ School Office (will pick up)
☐ Student’s Friday Folder ☐ Mailed (provide a self-addressed envelope w/ postage)

Submit this completed form with the original invoice/receipt to the President for approval first.
All reimbursements must have an invoice/receipt to be paid.

- Payment requests must be submitted within 30 days of expenditure.
- You must cash reimbursement checks within 60 days of the check issued date to assure payment.

<table>
<thead>
<tr>
<th>Date</th>
<th>Invoice #/Retailer/Description of Items</th>
<th>$ Amount</th>
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Total Reimbursement: ___________________________________________

Approved By (President or 2nd Signer): _______________________________________

Treasurer’s Use Only

Check Date ___________ Check # ___________ Amount Paid ________________
Budget Category ____________________ Date Check Sent ________________